

# HEALTH AFFIDAVIT OF INSURANCE

*(To be completed by Health Insurance Carrier)*

I, \_\_\_\_\_, after being duly sworn upon my oath, depose and declare:

1. I am employed by \_\_\_\_\_ (name of employer), as \_\_\_\_\_ (position). \_\_\_\_\_ (name of employer), is an admitted insurance carrier in the State of South Carolina. I possess the authority to make the following statements on behalf of \_\_\_\_\_ (name of employer) and to bind \_\_\_\_\_ (name of employer) concerning the statements made herein.

2. It is my understanding that, as a requirement for licensure as an employee leasing company in South Carolina, an employee leasing company may not sponsor a plan of self-insurance for health. \_\_\_\_\_ (name of insurer), Health Insurance Policy # \_\_\_\_\_, issued to \_\_\_\_\_ (name of leasing company), is in compliance with the requirements of this law, as it is a fully insured insurance product, and is an admitted licensed insurance carrier in the State of South Carolina. \_\_\_\_\_ (name of insurer) is ultimately fully responsible for all incurred claims under the terms of the policy.

After having read the above statements, I swear that they are true and correct.

\_\_\_\_\_  
Signature

Subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_  
by \_\_\_\_\_ who being  
known to me/produced written identification in the form of  
\_\_\_\_\_, did take an oath

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

# WORKERS' COMPENSATION

## AFFIDAVIT OF INSURANCE

*(To be completed by Workers' Compensation Insurance Carrier)*

I, \_\_\_\_\_, after being duly sworn upon my oath, depose and declare:

1. I am employed by \_\_\_\_\_ (name of employer), as \_\_\_\_\_ (position). \_\_\_\_\_ (name of employer), is an admitted insurance carrier in the State of South Carolina. I possess the authority to make the following statements on behalf of \_\_\_\_\_ (name of employer) and to bind \_\_\_\_\_ (name of employer) concerning the statements made herein.

2. It is my understanding that, as a requirement for licensure as an employee leasing company in South Carolina, an employee leasing company may not sponsor a plan of self-insurance for workers' compensation benefits except as may be permitted by the provisions of the South Carolina Insurance laws or South Carolina Staff Leasing statute §40-68-110(F). Workers' Compensation Insurance Policy # \_\_\_\_\_, issued to \_\_\_\_\_ (name of leasing company), by \_\_\_\_\_ (name of insurer), a licensed insurance carrier in South Carolina, is in compliance with the requirements of this law as it is a fully insured insurance product which is fully insured by \_\_\_\_\_ (name of insurer) is ultimately fully responsible for all incurred claims under the terms of the policy.

After having read the above statements, I swear that they are true and correct.

\_\_\_\_\_  
Signature

Subscribed to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_  
by \_\_\_\_\_ who being  
known to me/produced written identification in the form of  
\_\_\_\_\_, did take an oath

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_